

PTO/SB/06 (05-03) Approved for use through 4/30/2003. OMB 0651-0032

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- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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ADD'L FEE

OR

ADD'L FEE

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**Application or Docket Number** 

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR		N	NUMBER FILED			NUMBER EXTRA		lг	RATE	FEE	1	RATE	FEE	
BASIC FEE									ALCON!	345.00	OR		690.00	
TOTAL CLAIMS			8	minus	20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =			. /			X39=		OR	X78=	98-	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=				
* If	the difference i	n colum	n 1 is l	ess than ze	ero, e	enter "0" in o	column 2	L	TOTAL		OR	TOTAL	768	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)									SMALL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIN REMAIN AFTE AMENDA	IING R		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 8		Minus	**	20	=		X\$ 9=		OR	X\$18=		
¥	Independent FIRST PRESEN	+		Minus	PEND	ENT CLAIM	= ',		X39=		OR	X78=	\$ 1	
					2110	ERT OLYM			+130=		OR	+260=		
								AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
	100000000000000000000000000000000000000	(Colum		Martine Age & Billion de la co		olumn 2) HIGHEST	(Column 3)							
AMENDMENT B		REMAIN AFTE AMENDM	IING R		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 8		Minus	**	20_	=		X\$ 9=		OR	X\$18=	. ,	
AME	Independent FIRST PRESEN	ITATION		Minus	***	ENT CLAIM	=		X39=		OR	X78=	312-	
								-	⊦130 <b>=</b>		OR	+260=		
								AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
	nauha hannar ann an taoin an stiù ais an	(Colum		NOW APPLY WITH A STATE OF THE S		olumn 2)	(Column 3)						•	
MENT C	7	CLAIM REMAIN AFTE AMENDM	ING R		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	į	RATE	ADDI- TIONAL FEE	
AMENDMEN	Total *		<del>-</del>	Minus	**	20	=		X\$ 9= ·		OR	X\$18=		
AM	Independent FIRST PRESEN			Minus	PEND	FNT CLAIM	= 4		X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<b>)</b> [	·130=		OR	+260=		
* If the entry in column 1 tightess than the entry in column 2, write "0" in column 3  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter  ***If the "Highest Number Previously Paid For" IN THIS SPACE is gess than 3, enter											OR ,	TOTAL ADDIT. FEE		
	The "Highest Numb	r Rreviou	usiy Pai sly Paid	For" (Total or	o SPA Indep	eadout) is the	n 3, enter highest number			ropriate box				